

**National Park Service**  
**Haleakala National Park**  
P.O. Box 369 Makawao, HI 96768  
Phone 808-572-4440 Fax 808-572-4438



**Application for Special Use Permit – Scattering Ashes**

Please supply the information requested below. *Applications received missing requested locations, dates, times, etc., shall not be considered. **Attach additional sheets, if necessary, to provide required information.*** We notify you of the disposition of the application and the necessary steps to secure your final permit. For special events, a non-refundable processing fee should be included and your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured. Pursuant to the 2010 NPS Interim Regulations, parks have up to 10 days to process a fully executed application that seeks to engage in a demonstration or the sale or distribution of printed matter.

Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

(Only required if making payment by check)

Street/Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of Proposed Activity (attach diagram, attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Location(s): \_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_

Event set up will begin: (date and time)	Event will begin: (date and time)	Event will end: (date and time)	Removal will be done: (date and time)

Maximum Number of Participants: \_\_\_\_\_ (Please provide best estimate)

Maximum Number of Vehicles: \_\_\_\_\_ (Special Events - attach parking plan)

Support Equipment (list all equipment; attach additional pages if necessary):

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List support personnel (contractors, etc. including addresses and telephones attach additional pages if necessary):

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Individual in charge of event on site (include address, telephone and cell phone numbers):

Name: (print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Is this an exercise of First Amendment Rights?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you familiar with/ have you visited the requested area?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you obtained a permit from the National Park Service in the past? (If yes, provide a list of permit dates and locations on a separate page.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you plan to advertise or issue a press release before the event?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Will you distribute printed material?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(If yes, please explain on a separate page.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you intend to solicit donations or offer items for sale? (These activities may require an additional permit.)	<input type="checkbox"/> Y	<input type="checkbox"/> N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Information provided shall determine whether the NPS will issue a permit. The completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of **\$25.00** made payable to **National Park Service**.

- Payment by credit card over the phone is the preferred payment method, and may be arranged by contacting the Business and Revenue Office at 808-572-4440. All credit card information is kept strictly confidential, and is destroyed upon satisfactory completion of the permitted activity.
- Application and administrative charges are non-refundable.
- A copy of the Death Certificate shall accompany the application. Please redact the SSN before submitting the Certificate copy.

*This completed application should be emailed to **Business and Revenue Program Specialist** at [hale-commercial-manager@nps.gov](mailto:hale-commercial-manager@nps.gov), or by mailing to the Park address found on the first page of this application.*

**Note:** Email is the preferred method of sending/receiving the application and if approved, the subsequent permit.

**Note:** This is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, the Business and Revenue Office will send a permit containing applicable terms and conditions to the person designated on the application. The responsible person must sign the permit and return same to the park prior to receiving final approval for the event, by the Park Superintendent.

## NOTICES

**Privacy Act Statement:** The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number or activities subject to collection of fees by the National Park Service (31 U.S.C. 7701) Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**Paperwork Reduction Act Statement):** This information is being collected subject to the Paperwork Reduction Act (44 U.S.C. 3501) to allow the park manager to make a value judgment on whether or not to allow the requested use. This information collection is required to obtain or retain a benefit. All applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 45 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240